



**STATE OF GEORGIA
DEPARTMENT OF TRANSPORTATION**

FACSIMILE TRANSMITTAL SHEET

TO: GA Dept. of Transportation	DATE:
935 East Confederate Ave. Atlanta, GA 30316 Attn: Accident Reporting FARS Unit	FROM:
FAX NUMBER: 404-635-8174	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: 404-635-8121	SENDER'S PHONE NUMBER:
RE: DOT Traffic Fatality Notification	SENDER'S FAX NUMBER:

Name: _____

Age: _____ Driver: ☐ Passenger: ☐ Pedestrian: ☐ (Check One)

Date of Accident: _____

Date of Death (if different): _____

County: _____ Time: _____

Location: _____

Remarks: _____

Investigating Agency: _____ Agency Case No: _____

Investigating Officer: _____